Shelburne County Exhibition

Teamster Entry Form

P.O Box 481

77 John St. Shelburne Ns

B0T1W0

scaexhibition@gmail.com

Please Complete Application in Full

Exhibitors Name _____

Address _____

Province _____ Postal Code _____ Phone _____

Insurance Policy Number _____ Insurance cards will be checked

Camp site yes _____ No _____

No Power $15 _____ 15amp $20 _____ 30amp $25_____

Oxen ____

Number of Pairs _____

$25.00 a team _____

Please Send total amount via email transfers to scaexhibition@gmail.com,password is shelburneex

Exhibitor Signature _____ Date _____

Please contact Cheri Hallett @ 902-875-6628 after 6 pm to add your name to the reg list
Please Mail Entry form with cheque or money order to the following address or email entry form and e-transfer the total amount to scaexhibition@gmail.com password is shelburneex Please put the name of teamster in the banking comment box. Please remember to fill out total form
Shelburne County Exhibition
PO Box 77 John Street, Shelburne NS B0T-1W0
email questions @ scaexhibition@gmail.com